

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City  
ROSWELLState  
GAZip Code  
30777

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
TOM PRICEOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: EXPB609357

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

RELY ON YOUR BELIEFS FUND

Mailing Address 209 PENNSYLVANIA AVE., SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
RELY ON YOUR BELIEFS FUNDOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXPB610828

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	1

Amount of Each Disbursement this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

VISCLOSKY FOR CONGRESS

Mailing Address P.O. BOX 10003

City  
MERRILLVILLEState  
INZip Code  
46411

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
PETER VISCLOSKYOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 01

Transaction ID: EXPB610856

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

47250.00